

## General and Professional Liability Insurance Supplemental Expense Report

### Instructions for Multi Facility Hospital Based Nursing Centers

#### Section A – General Facility Information

- A1 Enter the facility Medicaid Provider Number (Source to use - R-32 or Cost Report)
- A2 Enter the facility Provider Name (Source to use - R-32 or Cost Report)
- A3 Enter name of preparer/contact person
- A4 Enter email of person to be contacted regarding information entered on questionnaire
- A5 Enter phone number of contact person
- A6 Enter Name of Affiliated Hospital
- A7 Enter Name of Hospital Contact
- A8 Enter Hospital Contact Phone Number

#### Section B – Base Year Cost Report Data

- B1 Enter an "X" if the base period cost report was a CHOW Report and the R-32 Medicaid rate sheet is a percentage of the A&G ceiling.
- B2 Enter an "X" if you are a CHOW Center and the A&G Ceiling in the R-32 Medicaid rate sheet is based upon another operator's cost report which you do not have access to.
- \* If the Base Period was anything other than 7/1/11 to 6/30/12, list the date range in the box.
- B3 Enter the amount of general and professional liability insurance reported from the Medicare Cost Report Cost Report, Worksheet S-2, Part 1. For most facilities, the base year will be 2012. For CHOW facilities, it could be a later period. Please refer to your Medicaid rate sheet (R-32) for base year. The amount of general and liability insurance expense should have been reported on the cost reported on Medicare Cost Report, Worksheet S-2, Part 1, Line 118.01, columns 1 to 3.
- B4 Enter the Nursing Home % used to allocate Administrative and General cost to the Hospital Based nursing home.
- \* Calculation of the step-down Insurance Cost allocated to the Nursing Home operation
- B5 Enter the Directly Identified (if any) GL/PL Insurance Cost applied to the Nursing Home operation
- \* Calculation of the Total GL/PL Insurance Cost allocated to the Nursing Home in the Base Period Cost Report
- B6 Enter GL/PL Insurance Expense that might be described on the Medicare Cost Report, Worksheet S-2, Part 1, Line 118.02
- B7 Enter the Nursing Home % used to allocate the GL/PL Insurance Expense if it was included in S-2, Part 1, Line 118.02
- \* Calculation of the step-down Insurance Cost allocated to the Nursing Home operation
- B8 Enter the Directly Identified (if any) GL/PL Insurance Cost applied to the Nursing Home operation
- B9 List the Allocation Basis used to determine the Nursing Home % (Accumulated Cost, etc.).
- B10 List the Cost Center the costs from S-2, Part 1, Line 118.02 are included in
- B11 List the Total Patient Days as reported on the Medicaid Cost Report, schedule A, page 2, Line 13, Col. 9.

## Section C – Current Spending Expense

- C1 **Enter the amount of general and professional liability insurance that will be reported on the FYE 6/30/18 Medicaid cost report.** (This will not necessarily agree with your Insurance Plan year). This amount should be reported on the Medicare Cost Report, Worksheet S-2, Part 1, Lines 118.01.
- C2 Enter the Nursing Home % to be used to allocate Administrative and General cost to the Hospital Based nursing home.
- \* Calculation of the step-down Insurance Cost allocated to the Nursing Home operation
- C3 Enter the Directly Identified (if any) GL/PL Insurance Cost to be applied to the Nursing Home operation
- \* Calculation of the Total GL/PL Insurance Cost to be allocated to the Nursing Home in the Current Period Cost Report
- C4 Enter GL/PL Insurance Expense (if any) that might be described on the Medicare Cost Report, Worksheet S-2, Part 1, Line 118.02
- C5 Enter the Nursing Home % used to allocate cost described on Worksheet S-2, Part 1, Line 118.02 to the Hospital Based nursing home.
- \* Calculation of the step-down Insurance Cost allocated to the Nursing Home operation
- C6 Enter the Directly Identified (if any) GL/PL Insurance Cost to be applied to the Nursing Home operation
- C7 List the Allocation Basis used to determine the Nursing Home % (Accumulated Cost, etc.).
- C8 List the Cost Center the costs from S-2, Part 1, Line 118.02 are included in
- C9 List the Total Patient Days for the spending period, 7/1/17 to 6/30/18.
- C10 Total NH GL-PL Insurance Expense
- C11 Check Box if the Liability Insurance cost includes a Self-Insurance Trust
- C12 Check Box if the Liability Insurance expense includes a Captive Insurance
- C13 Check Box if the Liability Insurance expense includes Commercial Insurance
- C14 Check box if the Liability Insurance expense includes another type of arrangement
- \* Describe "Other type of insurance arrangement
- \* **Review, sign and date the attestation portion at the bottom of the Supplemental Report. Please enter same passcode used to submit Medicaid Nursing Home Cost Report.**